



**PRODUCT SAFETY DIVISION**

1100 W 49<sup>TH</sup> STREET  
AUSTIN TEXAS 78756  
(512) 834-6773 (512) 834-6766 Fax  
[www.tdh.state.tx.us/beh/ps](http://www.tdh.state.tx.us/beh/ps)

**Official Use Only**

Budget No. ZZ021  
Fund No. 125

Permit # \_\_\_\_\_

**APPLICATION FOR VOLATILE CHEMICAL SALES PERMIT**

**NOTE:** A separate application and a **\$25.00 fee** for each location is required per  
Health & Safety Code Chapter 485.012(a)

**Texas Sales Tax Number:** \_\_\_\_\_ **Name on Check:** \_\_\_\_\_

(Permit will not be issued without a valid Sales Tax Permit)

(if different than Name on Application)

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

(Actual location)

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Contact Person and Title:** \_\_\_\_\_

**Parent Company Name:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Ownership Information:**

☐ Proprietorship ☐ Partnership \* ☐ Corporation \*\* ☐ Other

\* Partnerships please attach a list of the Partner(s) names.

\*\* I affirm that our **corporation** meets one of the following conditions:

- ☐ Franchise Taxes are current.  
☐ Corporation is exempt from payment of the Texas franchise tax.  
☐ Corporation is an out-of-state corporation and is not subject to the Texas franchise tax.

I affirm that the above Texas Sales Tax Permit is a valid Comptroller number and that no more than one conviction for violation of the Health & Safety Code, Chapter 485 Section 485.031, 485.032, 485.033 has occurred during the previous twelve (12) months.

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Signature

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Printed Name

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Title

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Date

**Mail Applications and fees to:** TEXAS DEPARTMENT OF HEALTH  
PRODUCT SAFETY DIVISION  
1100 W 49<sup>TH</sup> STREET  
AUSTIN TX 78756